

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Warrior PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00619445	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Digital Triumph</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 07 / 2016</b>		
Mailing Address <b>1048 Irvine Avenue</b> <b>Suite 506</b>			Amount <b>12602.00</b>		
City <b>Newport Beach</b>	State <b>CA</b>	Zip Code <b>92660</b>	Transaction ID : <b>SE.4186</b>		
Purpose of Expenditure <b>Digital Advertising, Non Early Voters</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 07 / 2016</b>		
Name of Federal Candidate <b>MANESS, ROBERT L COL. RET, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>35113.00</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Digital Triumph</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 07 / 2016</b>		
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City <b>Newport Beach</b>	State <b>CA</b>	Zip Code <b>92660</b>	Transaction ID : <b>SE.4187</b>		
Purpose of Expenditure <b>Digital Advertising, Non Early Voters</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 07 / 2016</b>		
Name of Federal Candidate <b>HIGGINS, CAPTAIN CLAY, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>12602.00</b>			Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>25204.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*San Luis, Robert, , ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 08 / 2016**

Signature